



**From: Logistics Information
 Services- BFEA
 Subscriptions Team
 74 Washington Ave N
 Battle Creek, MI 49037-3084**

MOBILE MEDIA PRODUCTS SUBSCRIPTION REQUEST

STEP 1 Subscription Mailing Information

Attention: _____
Company / Organization 1: _____
Company / Organization 2: _____
Delivery Address: _____
PO Box: _____
Number and Street 1: _____
Number and Street 2: _____
Overseas Military: _____
Ship/Unit/CMR/PSC/Box: _____
City: _____
 (or APO/FPO if overseas)
State: (AA,AE, AP if overseas) _____ **ZIP + 4:** (or postal zone) _____
International Postal Code: _____
Country: (if other than US) _____

STEP 2 Identify the Point of Contact

Point of Contact Name: _____
Commercial/Int'l Phone: _____
DSN Phone: _____
Extension: _____
Email Address: _____
Alternate Callback Contact: _____
Commercial/Int'l Phone: _____
DSN Phone: _____
Extension: _____

STEP 3 Identify the Financial Point of Contact (Payment Official)

Name: (Please Print) _____
Company/Address: _____
Phone: _____ **Fax:** _____ **Email:** _____

STEP 4 Product Order Information

Quantity	Product	Subscription Term	# Of Issues	Price
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TOTAL:

STEP 5 Return this REQUEST

By Mail: To the mailing address listed above
By Email: Subscriptions@dla.mil

**DO NOT SEND PAYMENT AT THIS TIME:
 Please wait for the subscription
 Universal Sales Order with the
 payment instructions.**

SUBMIT FORM